

LSCMMG Recurrent UTI Prophylactic Antibiotic Pathway

Version 1.1 – December 2023

VERSION CONTROL		
Version	Date	Amendments made
1.0	November 2020	New guideline.
1.1	December 2023	Reference to legacy formularies added.

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Adult with recurrent UTIs (excluding catheterised patients)

≥ 3 symptomatic lower UTIs in 12 months
or
≥ 2 symptomatic lower UTIs in 6 months

Note: 2 to 3 positive cultures are required before diagnosing a recurrent UTI

Offer advice on conservative measures:

1. Counselling and behavioural modification (fluid intake and hygiene)
2. Non-antimicrobial measures (e.g. topical hormonal replacement in post-menopausal women)

Continuing symptoms

Red flag symptoms?

See box 1

Yes

Refer to specialist

Advised commence prophylactic antibiotics?

Consider **single-dose** antibiotic prophylaxis following exposure to an identifiable trigger

Yes

Trigger for recurrent UTIs identified?

No

Commence trial of prophylactic antibiotics – refer to local legacy formularies via: <https://www.lancsmmg.nhs.uk/formulary/>

Review after three-months – switch to alternative agent

Review at six-months

Any breakthrough UTIs after six-months?

No

Consider trial without prophylaxis

Yes, 1 UTI only

Yes, > 1 UTI

Refer to specialist – if not already investigated

Acute UTI

At all stages:

Advise the patient to seek medical help if symptoms of an **acute UTI** develop.

Conduct C+S and restart original prophylaxis once resolved if sensitivity to the agent remains.

Discontinue prophylaxis if > 1 breakthrough UTI occurs and refer if not already investigated.

Box 1: Red flag symptoms

1. Pregnancy

All recurrent UTIs in pregnancy should be discussed with the obstetrics team

2. All men

3. **Frank haematuria** (even in the context of confirmed UTI)

4. **Neurological disease** e.g. spinal cord injury

5. **Pneumaturia or faecaluria**

6. **Proteus** on repeat urine cultures

7. Suspected **stones**

8. **Obstructive symptoms**, or structural/functional abnormality causing > 200ml residual urine on bladder scan

Adapted from NICE guideline 112